

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711688

**FILED**  
**Apr 26, 2018**  
**Secretary of State**  
**CC7299626032**

**Entity Name:** JACKSONVILLE HUMANE SOCIETY, INC.

**Current Principal Place of Business:**

8464 BEACH BOULEVARD  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

8464 BEACH BOULEVARD  
JACKSONVILLE, FL 32216

**FEI Number:** 59-0624410

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DEISLER, DENISE  
8464 BEACH BLVD.  
JACKSONVILLE, FL 32216 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name DEISLER, DENISE  
Address 8464 BEACH BLVD.  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name EVERLY, LIS'E  
Address 2358 RIVERSIDE AVE. #805  
City-State-Zip: JACKSONVILLE FL 32204

Title TREASURER  
Name MAYHER, WILLIAM  
Address 12641 MISSION HILLS CIRCLE S  
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR  
Name CALDWELL, DAVID  
Address ONE EVERBANK FIELD DRIVE  
City-State-Zip: JACKSONVILLE FL 32202

Title VP  
Name CHEREK, KRISTINE  
Address 112 SETTLERS ROW NORTH  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title PRESIDENT  
Name KELLY, JOEY  
Address 136 SEA HAMMOCK WAY  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR  
Name GOODWIN, RANDY  
Address 1819 KINGS AVE  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name MACKENZIE, SCOTT  
Address 4483 GLEN KERNAN PARKWAY EAST  
City-State-Zip: JACKSONVILLE FL 32224

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DENISE DEISLER

**EXECUTIVE DIRECTOR**

**04/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name KANE, ALEXIS  
Address 2701 OCEAN DRIVE SOUTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR  
Name GEHLEN, MICHAEL  
Address 129 LINKSIDE CIRCLE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR  
Name CALDWELL, KATHY  
Address 1930 BEACHSIDE COURT  
City-State-Zip: ATLANTIC BEACH FL 32233

Title DIRECTOR  
Name HARDING, ABEL  
Address 135 W. BAY ST.  
City-State-Zip: JACKSONVILLE FL 32202